

EMT-A Statewide Intubation Protocol

Topic	Requirements	Available Options
Patient Selection		
Adult		
Peds over 12 only		
Unconscious w/ineffective respiration		
Cardiac arrest		
Apnea or agonal respirations		
Equipment		
Laryngoscope blades	adult & ped blade sizes (2,3,4)	Macintosh
	at least 3 sizes of 2 different blade types	Miller
		other blade types permissible
Continuous Pulse Oximetry	before, during & after intubation	
Rescue device	must have at least one available	LMA
		Combitube
		King LT
		bougie/flexguide
Tube placement	must have at least one available	ETCO2, qualitative
		esophageal detector device (EDD)
Selection of tube size	based on patient age or size of 5th finger	
Intubation Attempts		
Preoxygenation	100% by BVM prior to any attempts	
	duration: each attempt should be no more than 30 seconds. If unsuccessful should oxygenate before subsequent attempts.	
Provider limited to 3 attempts		
Patient limited to 5 attempts	multiple attempts should not delay transport	
NAEMSP definition of attempt: insertion of laryngoscope blade into mouth		
Confirmation of Tube Placement		
Confirmation of Tube Placement	Utilize multiple methods	Breath sounds
		Epigastric sounds
		ETCO2
		EDD
		chest rise
		tube misting
		Patient response
PCR Documentation		
See 'EMSPC Intubation PCR Documentation List' for required data elements.		

Monitoring

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Monitoring		
100% chart review		
Intubation success rate		
	agency	
	provider	
1st attempt success rate		
	agency	
	provider	
Rescue airway device utilization		
Complications (agency vs provider)		
	R mainstem (unrecognized)	
	esophageal intubation	
	airway/dental trauma	
	hypoxia during intubation	
	bradycardia during intubation	
	inappropriate tube size	
	inappropriate tube depth	

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Training

1. Minimum annual demonstration of intubation proficiency
2. Minimum annual review of intubation to include cognitive and psychomotor components with an emphasis on team coordination.

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Remediation

Remediation at the discretion of the local EMS medical director